

3-17-98 B-3353 -C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M54223 (6)**  
 1. Corporation Name  
**UNITED AMERICAN FINANCIAL SERVICES CORPORATION**



Principal Place of Business <b>210 UNIVERSITY DRIVE, SUITE 900 CORAL SPRINGS FL 33071</b>	Mailing Address <b>210 UNIVERSITY DRIVE, SUITE 900 CORAL SPRINGS FL 33071</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1987</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-2819208</b>	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WEICHOLZ, STEPHEN 210 UNIVERSITY DR., SUITE 900 CORAL SPRINGS FL 33071</b>			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City	<b>FL</b>	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when rehashing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WEICHOLZ, STEPHEN</b>		1.2 NAME <b>RUTENBERG, STUART</b>	
STREET ADDRESS <b>210 UNIVERSITY DR.</b>		1.3 STREET ADDRESS <b>210 UNIVERSITY DR.</b>	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		1.4 CITY-ST-ZIP <b>CORAL SPRINGS, FL 33071</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOLOMON, ALBERT S.</b>		2.2 NAME	
STREET ADDRESS <b>210 UNIVERSITIY DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEICHOLZ, SCOTT</b>		3.2 NAME	
STREET ADDRESS <b>210 UNIVERSITY DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUTTER, KENNETH E.</b>		4.2 NAME	
STREET ADDRESS <b>210 UNIVERSITY DR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARSH, DARREN</b>		5.2 NAME	
STREET ADDRESS <b>210 UNIVERSITY DR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert S. Solomon* **ALBERT S. SOLOMON** MARCH 10, 1998 (954) 752-1222

CR2E034 (10/97)